

□ Declaration



Attorney Docket Number

**COMPLETE IF KNOWN** 

**First Named Inventor** 

**Application Number** 

Filing Date



Please type a plus sign (+) inside this box  $\longrightarrow$  +

**DECLARATION FOR UTILITY OR** 

**DESIGN** 

PATENT APPLICATION (37 CFR 1.63)

☑ Declaration

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

10/ 082,364 Feb. 25, 2002

9264.2

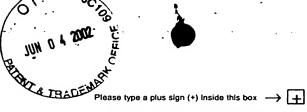
Max Wasserman

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

	Submitted OR	Submitted after Initial		Group Art Unit		2164							
	with Initial Filing	Filing (surcharge (37 CFR 1.16 (e) required)		Examiner Nam	ne								
	As a below named inventor, I he	reby declare that:		, ,									
	My residence mailing address an	od citizanskin ara as :	tated b	selow payt to my as	ıma								
My residence, mailing address, and citizenship are as stated below next to my name.													
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:													
	METHOD AND SYSTEM FOR TRANSFERRING FUNDS AND VIDEO MESSAGES												
	(Title of the Invention) the specification of which												
	is attached hereto												
	OR as United States Application Number or PCT International was filed on (MM/DD/YYYY) (if applicable).												
	Application Number and was amended on (MM/DD/YYYY)												
	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.												
	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.												
_	<b>_</b>				faraian analisa	4i/-)	:						
	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.												
	Prior Foreign Application			oreign Filing Date		Certified Cop	y Attached?						
	Number(s)	Country	-	(MM/DD/YYYY)	Not Claimed	YES	NO						
			İ										
			i										
	☐ Additional foreign application	numbers are listed o	n a sup	plemental priority	data sheet PTO/SB	/02B attached he	ereto:						
	I hereby claim the benefit unde	r 35 U.S.C. 119(e) of	any Ur	nited States provisi	onal application(s)	listed below.							
	Application Number(s)	Filing	Date (M	M/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.								
	60/271,919	C	2/27	/2001									

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





Please type a plus sign (+) Inside this box 

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label 21905 OR Correspondence address below											
Name JOHN J. CONNORS											
Address 1600 DOVE STREET											
Address SUITE 220											
City NEWF	NEWPORT BEACH			State	CA	ZIP	92660				
Country	Telephone			949) 8	33-3622	(949 Fax	(949) 833-0885				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wiliful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
NAME OF SOLE OR FIRST INVENTOR:											
Given Name (first and middle [if any])	ax		Family Name or Surname		Wasserm	Wasserman					
Inventor's Signature			04-j0-02 Date			-02					
Residence: City Villa F	Fontana		State	PR	Country PR	Citizenship	US				
Mailing Address Via #8 2NL#255											
Mailing Address	<u> </u>		····	<del>,</del>			····				
city Villa Fontana	State	PF	₹	ZIP	00983	Country	PR				
NAME OF SECOND INVENTOR	ł:	<u></u>		A petit	ion has been fil	ed for this unsi	gned inventor				
Given Name Manuel (first and middle [if any])			Famil or Su		Name name	Hernand	Hernandez				
Inventor's Signature			<del></del>			Date					
Residence: City Mex	ico City		State N	/lexico	Country Mexic	CC Citizenship	Mexican				
Mailing Address Leibnitz #44											
Mailing Address Col Nueva Ansurez											
City Mexico City	State	Mexi	ico	ZIP	11560	Country	Mexico				
Mailing Address  Mailing Address  Mexico City		Lei Col Nu	ibnitz ueva <i>A</i>	#44 Ansurez	Country	Mexico					